

2019 Sep-09 PM 04:07  
U.S. DISTRICT COURT  
N.D. OF ALABAMA

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

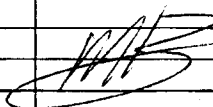
~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/8	MORN	Y								
	DAY									
	EVE			Y						
11-9	MORN	Y			Y					TV
	DAY									
	EVE									
	MORN									WF
	DAY									
	EVE			Y						
11/11	MORN	✓								AB as
	DAY									
	EVE			Y						
12	MORN	✓								K as
	DAY		Y							
	EVE			Y						
	MORN									P
	DAY		Y							
	EVE			Y						
14	MORN	Y								TV as
	DAY		Y							
	EVE			Y						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/1	MORN DAY EVE	4								CW
2	MORN DAY EVE	✓	✓	✓						[Signature]
3	MORN DAY EVE	✓	4	4						WBTB [Signature]
11/4	MORN DAY EVE	✓	4	4	✓					[Signature]
5	MORN DAY EVE		✓							CG
6	MORN DAY EVE	✓	✓	✓						CA
7	MORN DAY EVE	✓	✓		✓					[Signature]

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## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
25	MORN	✓								/
	DAY									
	EVE			✓						
10/16	MORN	✓				✓				AS
	DAY	✓								
	EVE				✓					
27	MORN	✓								TV
	DAY		✓							
	EVE			✓						
28	MORN	✓								RA
	DAY		✓							
	EVE			✓						
29	MORN	✓								RBB
	DAY		✓							
	EVE			✓						
30	MORN	✓								CG
	DAY		✓							
	EVE			✓						
	MORN									RB
	DAY		✓							
	EVE			✓						

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## SEGREGATION UNIT RECORD SHEET

6-26

P-18

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/8	MORN	X								CC
	DAY									
	EVE			X						
10/19	MORN	Y								[Signature]
	DAY									
	EVE									
10/20	MORN	✓								[Signature]
	DAY									
	EVE									
10/21	MORN									PB
	DAY		Y							
	EVE			Y						
10/22	MORN	✓								CA
	DAY		Y							
	EVE			Y						
10/23	MORN	Y								CW
	DAY		Y							
	EVE			Y						
10/24	MORN	✓								[Signature]
	DAY		Y							
	EVE			Y						

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J. C. HOLMAN

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6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	✓								LW
	DAY		✓							
	EVE									
	MORN									
	DAY									
	EVE									
	MORN	✓								CA CB
	DAY		✓							
	EVE			✓						
9/14	MORN	✓								CW
	DAY									
	EVE									
10/15	MORN	✓			✓					JJ
	DAY									
	EVE									
10/16	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓	✓					
	MORN	✓								CLT
	DAY									
	EVE									

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OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/4	MORN DAY EVE	Y								Car
9/5	MORN DAY EVE	✓	✓							✓
9/6	MORN DAY EVE	✓	✓	✓						✓
	MORN DAY EVE									
10/8	MORN DAY EVE	Y			Y					DL
10/9	MORN DAY EVE	Y	✓	✓						DL
10	MORN DAY EVE	✓	✓	✓						CL

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CELL: 626VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9-27	MORN	Y								BL
	DAY			Y						
	EVE									
	MORN									P
	DAY		Y							
	EVE			Y	✓					
	MORN	✓								B
	DAY									
	EVE									
9-30	MORN	Y								CW. JP
	DAY		Y			Y				
	EVE			Y	Y					
10-1	MORN	Y								AD
	DAY		Y							
	EVE			Y						
10-2	MORN	Y								RBB NT
	DAY		Y							
	EVE			Y						
	MORN	Y								RBB
	DAY									
	EVE									

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OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/20	MORN	/								
	DAY									
	EVE				Y					
9/21	MORN	Y								
	DAY		Y							
	EVE			Y						
9/22	MORN	Y								
	DAY		Y							
	EVE			Y						
9/23	MORN	Y			Y					
	DAY		Y							
	EVE			Y						
9/24	MORN	Y								
	DAY		Y							
	EVE			Y						
9/25	MORN									
	DAY									
	EVE									
9/26	MORN	Y								
	DAY		Y							
	EVE			Y	R					

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INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
13	MORN	✓								
	DAY									
	EVE			✓						
14	MORN	✓								
	DAY									
	EVE									
15	MORN	4								
	DAY		4							
	EVE			4						
16	MORN	4								
	DAY		4							
	EVE			4	4					
17	MORN	4								
	DAY		4							
	EVE			4						
18	MORN	✓								
	DAY		✓							
	EVE			✓						
19	MORN	4								
	DAY		4							
	EVE			4						

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AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
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INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/6	MORN	✓		✓						<i>[Signature]</i>
	DAY									
	EVE				✓					<i>TL</i>
9/7	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE			✓						<i>[Signature]</i>
9/8	MORN	✓								<i>h</i>
	DAY		✓							<i>[Signature]</i>
	EVE				✓					<i>[Signature]</i>
9/9	MORN	✓								<i>LS</i>
	DAY		✓							<i>[Signature]</i>
	EVE					N				<i>[Signature]</i>
9/10	MORN	✓								<i>DL</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						<i>[Signature]</i>
9/11	MORN	✓								<i>[Signature]</i>
	DAY		✓							<i>[Signature]</i>
	EVE			✓						<i>[Signature]</i>
9/12	MORN	✓								
	DAY		✓							
	EVE			✓						<i>[Signature]</i>

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
30	MORN	✓								
	DAY									
	EVE			✓						
31	MORN	✓								CF A
	DAY									
	EVE									
1	MORN	Y			Y					TV
	DAY									
	EVE									
2	MORN	Y								CW. JBB
	DAY		✓							
	EVE		✓		Y					
3	MORN	✓								D. Spitzer RBB
	DAY		✓							
	EVE			✓						
4	MORN									WF
	DAY		✓							
	EVE			Y						
5	MORN	Y								EL
	DAY									
	EVE									

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AUTHORIZED BY: \_\_\_\_\_

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DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/23	MORN	✓								CA
	DAY									
	EVE									
24	MORN	✓								
	DAY		✓							
	EVE			✓						
25	MORN	✓							Shute	
	DAY		✓							
	EVE			✓						
26	MORN	✓								
	DAY		✓							CG
	EVE			✓						
27	MORN	Y								TV
	DAY				Y					
	EVE									
28	MORN	Y								DS
	DAY		✓							
	EVE			✓						
29	MORN	✓								
	DAY		✓							
	EVE			✓						

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/26	MORN	✓								C/S
	DAY									
	EVE									
27	MORN	✓								✓
	DAY		✓			X				
	EVE			✓						
28	MORN	✓								✓
	DAY		✓			X				
	EVE			✓						
29	MORN	✓								RBS
	DAY									
	EVE									
30	MORN	4								C/S
	DAY									
	EVE									
31	MORN	4								✓
	DAY		✓							
	EVE			✓						
1	MORN	✓								2-8-81
	DAY		✓							
	EVE			✓	X					

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/16	MORN	✓								
	DAY									
	EVE			✓						
8/17	MORN	✓								
	DAY		✓							
	EVE			✓						
8/18	MORN	✓								
	DAY		✓							
	EVE			✓						
8-19	MORN	✓								
	DAY		✓							
	EVE			✓						
8-20	MORN	✓								
	DAY		✓							
	EVE			✓						
8-21	MORN	✓								
	DAY		✓							
	EVE			✓						
8-22	MORN	✓								
	DAY		✓							
	EVE			✓						

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/9	MORN									
	DAY	✓								
	EVE			✓						mw
8/10	MORN	✓								AS
	DAY									
	EVE									
8/11	MORN									
	DAY									
	EVE				✓					2
8/12	MORN	✓				N				2
	DAY		✓							WA
	EVE			✓						
8/13	MORN	✓				✓				AW
	DAY		✓							A
	EVE			✓						
14	MORN	✓								AB
	DAY		✓							
	EVE			✓						
15	MORN	✓								
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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B.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/2	MORN	✓								
	DAY									
	EVE			✓						
3	MORN									
	DAY									
	EVE				Y					
4	MORN	✓								CA 
	DAY		✓							
	EVE			✓						
5	MORN	✓								
	DAY		✓							
	EVE			✓						
6	MORN	✓				Y				
	DAY		✓							
	EVE			✓						
7	MORN	✓								
	DAY		✓							
	EVE			✓	Y					
8	MORN	✓								CA
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
19	MORN	✓								TV
	DAY									
	EVE			✓						
20	MORN		4							D/O
	DAY			4						
	EVE									
21	MORN	✓								HB
	DAY		4							
	EVE			4						
22	MORN	4								Df
	DAY		✓							
	EVE			4						
	MORN	4								m
	DAY									
	EVE									
24	MORN	✓								CL
	DAY		4							
	EVE			4						
	MORN	4								CL
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/2	MORN									
	DAY									
	EVE				Y					
1/13	MORN	Y				✓				[Signature]
	DAY		✓							
	EVE			✓						
1/14	MORN	Y	✓			✓				[Signature]
	DAY				X					
	EVE									
1/15	MORN	Y								[Signature]
	DAY		Y			Y				
	EVE			Y						
1/16	MORN	Y								[Signature]
	DAY									
	EVE									
1/17	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓						
1/18	MORN	✓								[Signature]
	DAY									
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/5	MORN	✓								
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN	✓								
	DAY		✓							
	EVE									
8	MORN	✓								
	DAY									
	EVE									
9	MORN	✓								
	DAY									
	EVE									
10	MORN	✓								
	DAY		✓							
	EVE									
11	MORN	✓								
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/28	MORN	✓								AS
	DAY				Ys					
	EVE			✓						
6/29	MORN									AL
	DAY		Y							
	EVE			Y		N				
6/30	MORN	Y								AL
	DAY		Y		Ys	Y				
	EVE			Y						
7/1	MORN	✓								CL
	DAY									
	EVE									
7/2	MORN									RB
	DAY		Y							
	EVE			Y	✓					
7/3	MORN	✓								N
	DAY									
	EVE			✓						
7/4	MORN	✓								N
	DAY									
	EVE			✓	Ys					

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J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/21/09	MORN									
	DAY	Y		Y						
	EVE									
	MORN	Y								
	DAY		Y							
	EVE			Y	Y					
6/23	MORN	Y								
	DAY		Y							
	EVE									
	MORN	Y								
	DAY		Y							
	EVE			Y		M				
	MORN									
	DAY									
	EVE									
26	MORN	Y								
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/14	MORN									CL
	DAY	✓								CL
	EVE			✓	Y					CL
6/15	MORN	Y								CL
	DAY		Y							CL
	EVE			Y						CL
6/16	MORN	X								CL
	DAY		Y			Y				CL
	EVE			Y						CL
17	MORN									AS
	DAY		✓			Y				AS
	EVE			✓						AS
18	MORN	Y								CL
	DAY									CL
	EVE									CL
	MORN	Y								CL
	DAY		Y							CL
	EVE			Y						CL
20	MORN	✓								CL
	DAY		Y							CL
	EVE			Y	26					CL

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J.C. HOLMAN

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/7	MORN	Y								
	DAY	Y								
	EVE			Y						DRW
	MORN	Y								
	DAY	Y								
	EVE									L
6/9	MORN	Y								
	DAY	Y								
	EVE									CU
	MORN	Y								
	DAY	Y	Y							
	EVE			Y						SI
	MORN	Y								
	DAY	Y	Y							CK
	EVE			Y						OS
	MORN	Y								
	DAY	Y	Y							
	EVE			Y						SC
	MORN	Y								
	DAY	Y	Y							
	EVE			Y						CA

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3	MORN									
	DAY									
	EVE									
1	MORN									
	DAY									
	EVE									
2	MORN	✓								7m
	DAY									
	EVE			✓						if
3	MORN	✓								WJH
	DAY									
	EVE									
4	MORN	4								aw.
	DAY									CA
	EVE				yes					
5	MORN	✓								CA
	DAY		✓							del
	EVE			✓						
6	MORN	4								RC
	DAY		✓							MD
	EVE									

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/24	MORN	✓								
	DAY									
	EVE			✓						
25	MORN	✓								
	DAY		✓		15					
	EVE			✓						
26	MORN	✓								
	DAY		✓							
	EVE			✓						
27	MORN	✓								
	DAY		✓		15					
	EVE			✓						
28	MORN	✓								
	DAY		✓							
	EVE			✓	yes					
29	MORN	✓								
	DAY		✓		15					
	EVE			✓						
30	MORN	4								
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 4/2-624CELL: G-23VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/17	MORN	✓								
	DAY		✓		✓					
	EVE									
18	MORN	✓								
	DAY		✓							
	EVE			✓						
19	MORN	✓								
	DAY		✓							
	EVE			✓	✓					
20	MORN	✓								
	DAY		✓							
	EVE			✓						
21	MORN	✓								
	DAY		✓							
	EVE			✓	✓					
22	MORN	✓								
	DAY		✓							
	EVE			✓						
23	MORN	✓								
	DAY		✓							
	EVE			✓	✓					

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 (IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000266

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, CORIEAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
		B	D	S						
5/10	MORN	✓								
	DAY									
	EVE			✓						
11	MORN	✓								
	DAY		Y							
	EVE			Y						
12	MORN	✓								HB
	DAY									
	EVE									
13	MORN	Y								
	DAY									
	EVE			Y						
14	MORN	Y								
	DAY									
	EVE									
15	MORN									
	DAY									
	EVE									
16	MORN	✓								
	DAY									
	EVE									

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
8:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

CIC Signature: CIC must sign all record sheets each shift.

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B D T S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/3	MORN	✓						
	DAY							
	EVE		✓ yes					
5/4	MORN	✓						
	DAY	✓						
	EVE	✓						
5/5	MORN	✓						
	DAY	✓						
	EVE	✓						
5/6	MORN	✓						
	DAY	✓						
	EVE	✓						
5/7	MORN	✓						
	DAY	✓						
	EVE	✓	✓					
5/8	MORN	✓						
	DAY	✓						
	EVE	✓						
5/9	MORN	✓						
	DAY	✓						
	EVE	✓						

Pertinent Info: (e.g., Epileptic; Diabetic; Suicidal; Assaultive, etc.)

Meals: SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (e.g.,  
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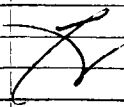
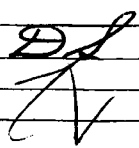
OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
		B	D	S						
26	MORN	✓								
	DAY			✓						
	EVE									
27	MORN									
	DAY				✓					
	EVE									
28	MORN	✓								
	DAY		✓							
	EVE			✓						
29	MORN	✓								HB
	DAY									
	EVE									
30	MORN	✓								JD
	DAY									
	EVE									
1	MORN									AS
	DAY									
	EVE									
2	MORN	✓								HB
	DAY									
	EVE									

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and inside or Outside (i.e.,  
8:30-10:00 IN; 2:00-2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

CIC Signature: CIC must sign all record sheets each shift.

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		E	D	S						
19	MORN	✓								Wf PA
	DAY									
	EVE		✓	✓						
20	MORN	✓								PA ✓
	DAY		✓							
	EVE			✓						
21	MORN	✓								CK ✓
	DAY		✓							
	EVE			✓						
22	MORN	✓								✓
	DAY		✓							
	EVE			✓						
23	MORN	✓								✓
	DAY		✓							
	EVE			✓						
24	MORN	✓								✓
	DAY		✓							
	EVE			✓						
25	MORN	✓								✓
	DAY									
	EVE									

Pertinent Info: (e.g., Epileptic; Diabetic; Suicidal; Assaultive, etc.)

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (e.g., Conduct; Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, CORLEYAIS NO: W/Z-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12	MORN	✓								
	DAY									
	EVE			✓						
13	MORN	✓								
	DAY		✓							
	EVE			✓						
14	MORN	✓								
	DAY		✓							
	EVE			✓						
15	MORN	✓								
	DAY		✓							
	EVE			✓						
16	MORN	✓								
	DAY		✓							
	EVE			✓						
17	MORN	✓								
	DAY		✓							
	EVE			✓						
18	MORN	✓								
	DAY		✓							
	EVE			✓						

Pertinent Info: (i.e., Ejection, Diabetic, Suicidal, Assault, etc.)

Meals/SH: Shower-Yes (Y)/No (N)/Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
8:30-10:00 IN/2:00-2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct, Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B I D T S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
6	MORN	✓	✓					W
	DAY							
	EVE							
6	MORN	✓						J
	DAY	✓		Y				
	EVE	✓						
7	MORN	✓						CR
	DAY	✓						
	EVE	✓	Y					
8	MORN	✓						EE
	DAY	✓		Y				
	EVE	✓						
9	MORN	✓						J
	DAY	✓		Y				
	EVE	✓						
10	MORN	✓						J
	DAY	✓						
	EVE	✓						
11	MORN	✓						J
	DAY	✓						
	EVE	✓						

Pertinent Info: (e.g., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

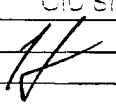
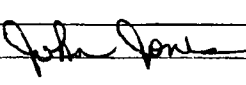
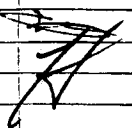
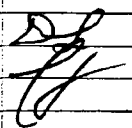
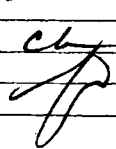
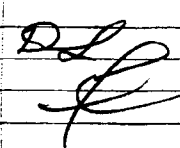
OIC Signature: OIC must sign all record sheets each shift.



**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS		SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
		B	DTS						
29	MORN	✓							
	DAY								
	EVE		✓						
30	MORN	✓							
	DAY			Y					
	EVE								
31	MORN	✓							
	DAY		✓						
	EVE		✓						
1	MORN	Y							
	DAY		✓						
	EVE		✓						
2	MORN	✓							
	DAY		✓						
	EVE		✓						
3	MORN	Y							
	DAY								
	EVE								
4	MORN	Y							
	DAY		✓						
	EVE		✓						

Pertinent Info: (i.e., Epilepsy, Diabetes, Suicidal, Assaultive, etc.)

Meals/SH: Shower-Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN, 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct, Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

CIC Signature: CIC must sign all record sheets each shift.

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, CORLEYAIS NO: W/2-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	O/C SIGNATURE
		B	D	S						
22	MORN	✓								
	DAY									
	EVE			✓	✓					
23	MORN	✓								
	DAY		✓							
	EVE			✓						
24	MORN	✓								RBR 
	DAY		✓		✓					
	EVE			✓	✓					
25	MORN	✓					RP			
	DAY		✓							
	EVE			✓						
26	MORN	✓	✓							LKD 
	DAY		✓		✓					
	EVE			✓	✓					
27	MORN	✓								
	DAY		✓							
	EVE			✓						
28	MORN	✓								
	DAY		✓							
	EVE			✓	✓					

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN/2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

O/C Signature: O/C must sign all record sheets each shift.

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: W/2-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL V.SIT	PSYCH V.SIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
15	MORN	✓								
	DAY									
	EVE			✓						
16	MORN	9								
	DAY		4	4						
	EVE				✓					
17	MORN	✓								
	DAY		✓	✓		45				
	EVE									
18	MORN	✓								
	DAY		✓							
	EVE			11						
19	MORN	✓								
	DAY		✓	✓		ye		DN		
	EVE									
20	MORN	✓								
	DAY		✓	✓				RV		
	EVE			✓						
21	MORN	✓								CA
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**W.C. HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: MAPLES, COREYAIS NO: 4/2-6-24 CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9	MORN	✓			YB					H.B.
	DAY									
	EVE									
9	MORN									
	DAY									
	EVE									
10	MORN	✓			YB					TV
	DAY									
	EVE									
11	MORN	✓								C/K P
	DAY									
	EVE									
12	MORN	4	4		Y	4				H/W CA
	DAY									
	EVE									
13	MORN	✓								CA X
	DAY									
	EVE									
14	MORN	✓			YB					ACP JS
	DAY									
	EVE									

Pertinent info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4012 G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2	MORN	✓	✓		✓	YS				JB
	DAY									
	EVE									
3	MORN	✓	✓			YS				✓
	DAY									
	EVE									
4	MORN	✓	✓		✓	YS				✓
	DAY									
	EVE									
5	MORN	✓	✓			YI				✓
	DAY									
	EVE									
6	MORN	✓	✓		✓	YI				✓
	DAY									
	EVE									
7	MORN	✓	✓							✓
	DAY									
	EVE									
8	MORN	✓	✓		✓	YI				✓
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC  
000277

Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: Z-624 CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/25	MORN	✓		✓						<i>[Signature]</i>
	DAY									
	EVE									
	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
1/28	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE									
29	MORN	✓								<i>[Signature]</i> <i>AS PH</i>
	DAY		✓							
	EVE		✓	✓						
	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE									
31	MORN	✓								<i>[Signature]</i> <i>DRW</i>
	DAY		✓							
	EVE		✓							

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

*Adm*  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: WZ624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
18	MORN	✓								<i>A</i>
	DAY									
	EVE			✓						
19	MORN	✓								<i>GA</i>
	DAY		✓							
	EVE			✓	Y					
20	MORN	✓								<i>Z</i>
	DAY		✓							
	EVE			✓						
21	MORN	✓								<i>GA</i>
	DAY		✓							
	EVE			✓	Y					
22	MORN	✓								<i>GA</i>
	DAY		✓							
	EVE			✓						
23	MORN	✓								<i>H.B. R</i>
	DAY		✓							
	EVE			✓	Y					
24	MORN	✓								<i>H.B. R</i>
	DAY									
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



*Holman*

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Corey MaplesAIS NO: WZ624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11	MORN	✓			✓					
	DAY									
	EVE			✓						
Sun										
12	MORN	✓								
	DAY		✓							
	EVE			✓						
Mon										
13	MORN	✓								
	DAY		✓		✓					
	EVE			✓	✓					
Tue										
14	MORN	✓								
	DAY		✓							
	EVE			✓						
Wed										
15	MORN	✓								
	DAY		✓		✓					
	EVE			✓	✓					
Thu										
16	MORN	✓								
	DAY		✓							
	EVE			✓						
Fri										
17	MORN	✓								
	DAY		✓							
	EVE			✓						
Sat										

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: W/ 624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
28	MORN	Y								<i>[Signature]</i> PH
	DAY									
	EVE			Y	Y					
29	MORN	Y								<i>[Signature]</i> PH
	DAY		✓							
	EVE			✓	Y					
30	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE			✓	Y					
31	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE			✓						
1	MORN	Y								<i>[Signature]</i>
	DAY		Y			Y				
	EVE									
2	MORN	✓								<i>[Signature]</i> OJ
	DAY		Y							
	EVE			Y						
3	MORN	✓								<i>[Signature]</i> 2B
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

*Holman*

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: *Corey Maples*AIS NO: *WZ624* CELL: *G-26*VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<i>21</i>	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE			✓						
<i>22</i>	MORN									
	DAY				<i>Y</i>					
	EVE									
<i>23</i>	MORN	✓								
	DAY		✓							
	EVE			✓						
<i>24</i>	MORN	✓								<i>[Signature]</i>
	DAY		✓		<i>Y</i>					
	EVE			✓						
<i>25</i>	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE			✓						
<i>26</i>	MORN									<i>AS</i>
	DAY		<i>Y</i>							
	EVE			<i>Y</i>						
<i>27</i>	MORN	<i>Y</i>								<i>[Signature]</i>
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

~~7-15~~  
~~6-26~~  
~~6-25~~  
~~R-25~~  
~~6-30~~  
 4012 626

INMATE NAME: Maples, CoryAIS NO: 412 624CELL: 4012 626VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
14	MORN	✓			✓					WT
	DAY									
	EVE			Y						WT
15	MORN	✓								RJ
	DAY		✓							
	EVE			✓						
16	MORN									20
	DAY	Y			Y					
	EVE									
17	MORN	✓								STH
	DAY		✓							RJ
	EVE			✓						RJ
18	MORN	Y								RJ
	DAY		Y							
	EVE			Y						
19	MORN	✓								RJ
	DAY									
	EVE									
20	MORN	✓								RJ
	DAY									
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC  
000283

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7	MORN	✓								
	DAY									
	EVE				✓	1/5				
8	MORN	✓								
	DAY		✓							
	EVE			✓	✓	1/5				
9	MORN									
	DAY		✓							
	EVE			✓						
10	MORN	✓								
	DAY		✓							
	EVE			✓		1/5				
11	MORN	✓								
	DAY		✓							
	EVE			✓						
12	MORN	✓								
	DAY		✓							
	EVE			✓		1/5				
13	MORN	✓								
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and inside or Outside (i.e.,  
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000284

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

~~7-15~~  
~~6-26~~  
~~6-25~~  
~~6-25~~  
~~6-26~~

INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4012 G2VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
23	MORN	✓								
	DAY					XS				
	EVE									
24	MORN	✓								CL AS
	DAY		4			425				
	EVE			4						
25	MORN	✓								
	DAY									
	EVE									
26	MORN	Y								PH
	DAY					Y				
	EVE									
27	MORN	✓								CF
	DAY					Y				
	EVE									
28	MORN	Y								
	DAY									
	EVE					Y				
29	MORN	Y								
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional commentsMaples - DOC  
000285

**Holman**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: W/Z 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		S	D	S						
30	MORN	✓			✓					ZW
	DAY									
	EVE									
1	MORN									
	DAY		Y							
	EVE			Y						
2	MORN	✓								STH
	DAY		Y							
	EVE			Y	Y					
3rd	MORN	Y								2 AK
	DAY		Y							
	EVE			Y						
4	MORN	Y								DL CD
	DAY									
	EVE				✓					
5	MORN	✓								CD
	DAY									
	EVE									
6	MORN	✓								
	DAY				✓					
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000286

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
16	MORN	Y			Y					MW
	DAY									
	EVE			Y						MW
17	MORN	Y				Y				RF
	DAY		Y							
	EVE			Y						
18	MORN	Y			Y					2
	DAY									
	EVE									
19	MORN		Y			Y				AS
	DAY			Y						
	EVE									
20	MORN	Y				Y				AS
	DAY		Y		Y					
	EVE			Y						
21	MORN	Y								AS
	DAY									
	EVE									
22	MORN	Y								2
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000287



**Holman**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryVIOLATION  
OR REASON: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_AIS NO: W/2 624CELL: 4012 G-26ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9	MORN	✓				Y				[Signature]
	DAY									
	EVE									
10	MORN	✓				Y				[Signature]
	DAY		✓							
	EVE			✓						
11	MORN	✓				Y				[Signature]
	DAY									
	EVE									
12	MORN	✓				Y				[Signature]
	DAY		✓							
	EVE			✓						
13	MORN	✓								[Signature]
	DAY									
	EVE									
14	MORN	Y								[Signature]
	DAY									
	EVE									
15	MORN	Y								[Signature]
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000288



**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
	MORN									STH
	DAY									PH
	EVE				Y					
	MORN	Y								PH
	DAY		Y							WTF
	EVE			Y						WTF
Wed 30	MORN	Y								PH
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
31	MORN	Y								CK
	DAY									
	EVE									
1	MORN	Y								PH
	DAY		Y							PH
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000289

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4072 626VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	✓								WT
	DAY									
	EVE			✓	✓					WT
	MORN	✓								es
	DAY									
	EVE									
	MORN	✓								CL
	DAY									
	EVE				✓					J
	MORN	✓								J
	DAY		✓	✓						Thw
	EVE									Thw
	MORN	✓								es
	DAY									
	EVE									
	MORN	✓								CL
	DAY									
	EVE									
	MORN	✓								J
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Maples - DOC  
000290

~~Holman~~

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

~~7-15~~  
~~6-26~~  
~~6-25~~  
~~6-25~~  
~~6-26~~

INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4072 626VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
	MORN	Y								WR
	DAY		Y							WR
	EVE									ES
10/14	MORN	Y				N				ES
	DAY		Y							7/58
	EVE			Y						
	MORN									
	DAY									
	EVE									
16	MORN	✓								CL
	DAY									
	EVE									
	MORN	✓								SPH
	DAY									
	EVE									
17/18	MORN	✓								CL
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and inside or Outside (i.e.,  
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000291

**Holman**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4072 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5	MORN	✓								<i>[Signature]</i>
	DAY		Y							
	EVE									
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
Wed 8	MORN	✓								C AS AS
	DAY		Y							
	EVE			Y						
9	MORN	✓								C W W
	DAY		Y			Y				
	EVE			Y						
	MORN									
	DAY									
	EVE									
10/10	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Medical: Physician will sign each time the inmates is seen.

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OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000292

**Holman**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY		Y			Y				U
	EVE									
	MORN									
	DAY									
	EVE									
9/23	MORN	Y				Y				RL
	DAY		Y							U
	EVE									
	MORN	Y								AB
	DAY		Y							ML
	EVE									
25	MORN	Y	Y			Y				U
	DAY									
	EVE									
	MORN	Y								MS
	DAY		Y							U
	EVE									
9/27	MORN	Y								RL
	DAY		Y							U
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000293

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

~~7-15~~  
~~6-26~~  
~~6-25~~  
~~R-25~~  
~~8-36~~

INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/28/08	MORN									
	DAY	Y								TP
	EVE			Y						PH
9/29	MORN	Y								TP
	DAY	Y	Y							TP
	EVE			Y	Y					PH
9/30	MORN	Y								TP
	DAY	Y	Y							TP
	EVE			Y						TP
10/1	MORN	Y								TP
	DAY	Y	Y							TP
	EVE			Y	Y					TP
10/2	MORN	Y								TP
	DAY	Y								TP
	EVE			Y						TP
10/3	MORN	Y								TP
	DAY	Y	Y							TP
	EVE			Y						TP
10/4	MORN									TP
	DAY		Y			Y				TP
	EVE			Y						TP

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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000294

**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY	Y								
	EVE			Y						
7/15	MORN	Y								
	DAY									
	EVE									
	MORN	Y								
	DAY									
	EVE									
	MORN	Y								
	DAY									
	EVE									
	MORN	Y								
	DAY									
	EVE									
18	MORN	Y								
	DAY									
	EVE			Y						
9/19	MORN	Y								
	DAY									
	EVE									
20	MORN	Y								
	DAY	Y								
	EVE			Y	Y					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000295



# Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

~~7-15~~  
~~6-26~~  
~~6-25~~  
~~6-25~~  
~~6-26~~

INMATE NAME: Maples, CoryAIS NO: 412 624CELL: 4012 G-2VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY	Y			Y					<i>ML</i>
	EVE				Y					<i>ML</i>
	MORN	Y								<i>2</i>
	DAY		Y							<i>2</i>
	EVE									<i>2</i>
9/9	MORN	Y								<i>ML</i>
	DAY									
	EVE									
	MORN	Y								<i>2</i>
	DAY									<i>2</i>
	EVE				Y					<i>2</i>
	MORN	Y								<i>2</i>
	DAY									
	EVE									
	MORN	Y								<i>ML</i>
	DAY									<i>ML</i>
	EVE									<i>ML</i>
	MORN	Y								<i>ML</i>
	DAY									<i>ML</i>
	EVE				Y	Y				<i>ML</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Maples - DOC  
000296



**HOLMAN**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	✓								WTF
	DAY				✓					
	EVE									
	MORN	✓								CR
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
	MORN	Y								A
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
9/5	MORN	Y								RL
	DAY									
	EVE				✓					
	MORN	Y								OS
	DAY		Y							38
	EVE			T						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC  
000297

# HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 G2VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY	Y				N				TP
	EVE									
	MORN	✓								AL
	DAY									
	EVE		Y							RLW
	MORN	Y								MS
	DAY									
	EVE		Y	Y						Q
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
	MORN	Y								
	DAY									
	EVE									
	MORN	Y								MS
	DAY									
	EVE		X	Y						FR

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.Maples - DOC  
000298

**Holman**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

~~7-15~~  
~~6-26~~  
~~6-25~~  
~~R-25~~  
~~8-36~~

INMATE NAME: Maples, CoryAIS NO: W/2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/17	MORN	✓								WT
	DAY									
	EVE			Y						DB
8/18	MORN	Y	✓							MO
	DAY				Y					
	EVE									
8/19	MORN	X	✓							RL
	DAY									
	EVE									
8/20	MORN	Y	✓							RL
	DAY									Ⓢ
	EVE			Y Y	Y					
8/21	MORN	Y	✓		Y					2
	DAY									
	EVE									
8/22	MORN	✓	✓							RL
	DAY									DB
	EVE			Y	Y					
8/23	MORN	✓	✓							
	DAY									
	EVE			Y						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower-Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.Maples - DOC  
000299

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/19	MORN	✓					DP			13
	DAY						DP			4B
	EVE			✓			DP			
12/20	MORN	✓					DP			3/14
	DAY		✓				N			2B
	EVE			✓						
12/21	MORN	✓					m			2B
	DAY		✓				DP			4B
	EVE			✓			DP			
22	MORN	✓					m			13
	DAY						h			13
	EVE			✓						
12/23	MORN	✓								car
	DAY									10
	EVE			✓						
12/24	MORN	✓					DP			4B
	DAY						DP			14
	EVE			✓	Y					
25	MORN	✓								14
	DAY									5B
	EVE			✓			DP			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

I.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

6-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6	MORN	✓								
	DAY									
	EVE			✓						
	MORN	✓								
	DAY									
	EVE									
	MORN	✓								CA 
	DAY		✓	✓						
	EVE									
12/9	MORN	Y								
	DAY		✓							
	EVE			✓						
	MORN	✓								
	DAY		✓							
	EVE			✓						
	MORN	✓								
	DAY		Y							
	EVE			Y	Y					
	MORN	Y								
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26

VIOLATION

OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/12	MORN	✓					TV			SB
	DAY						TV			
	EVE			✓						
6/12	MORN	✓					GP			SB
	DAY		✓				CP			
	EVE			✓	Y					
7/12	MORN	✓					RN			SB
	DAY		✓				GP			
	EVE			✓						
8/12	MORN	✓					P			CA
	DAY						P			
	EVE				Y					
9/12	MORN	✓					P			DD
	DAY		✓				PC			
	EVE			✓						
10/12	MORN	✓					PC			SB
	DAY		✓				CP			
	EVE			✓						
11/12	MORN	✓					CP			SB
	DAY		✓							
	EVE			✓						

**Pertinent Info:** I.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** I.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 72-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/21	MORN	✓					RC			AB
	DAY									
	EVE			✓			RC			AB
11/22	MORN	✓					RC			cm
	DAY		✓							
	EVE			✓	✓		BO			AB
11/23	MORN	✓								RS
	DAY		✓				dp			SB
	EVE			✓						
11/24	MORN	✓					RC			SR
	DAY		✓				lm			FB
	EVE			✓						
11/25	MORN	✓					lm			
	DAY						TV			cm
	EVE			✓						
11/26	MORN	✓					RC			cm
	DAY						dp			SB
	EVE			✓	✓					AB
11/27	MORN	✓					dp			RC
	DAY		✓							
	EVE			✓			BO			AB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Medical: Physician will sign each time the inmates is seen.

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OIC Signature: OIC must sign all record sheets each shift.



C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/7	MORN	✓					TV			JB
	DAY						N			
	EVE			✓						
11/8	MORN	✓					TV			RC GB
	DAY		✓				BD			
	EVE			✓	✓					
11/9	MORN	✓					RC			Zw Zw
	DAY		Y				Y			
	EVE			Y			Y			
11/10	MORN	✓					RC			JB
	DAY		✓				Y			
	EVE			✓						
11/11	MORN	✓					RC			JB
	DAY						BD			
	EVE			✓						
11/12	MORN	✓					RC			SB
	DAY		✓				Y			
	EVE			✓	✓					
11/13	MORN	✓					IM			JB
	DAY		✓							
	EVE			✓			RS			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~

VIOLATION

OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/31	MORN	✓					BHA			SB
	DAY						BHA			PC
	EVE			✓	✓		BHA			
11/1	MORN	✓					BHA			PC
	DAY		✓				TV			FB
	EVE			✓			TV			DO
11/2	MORN	✓				Y	TV			DO
	DAY		✓				FA			SO
	EVE			✓	✓		FA			
11/3	MORN	✓					PC			RS
	DAY		✓				SB			SB
	EVE			✓			SB			
11/4	MORN	✓					PC			SB
	DAY		✓				UM			SB
	EVE			✓	✓		UM			
11/5	MORN	✓					UM			RS
	DAY		✓				SC			PC
	EVE			✓			SC			
11/6	MORN	✓					PC			SO
	DAY						PC			
	EVE				Y		TV			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/24	MORN	✓					SP			AB
	DAY						RC			
	EVE				✓					
10/25	MORN	✓					RN			SPK
	DAY						BPA			
	EVE				✓					
10/26	MORN	✓					BPA			PA
	DAY		✓				BPA			
	EVE			✓			BPA			
10/27	MORN	✓					B			WD
	DAY		✓				UN			
	EVE				✓					
10/28	MORN	✓					TV			SPK
	DAY						RC			
	EVE									
10/29	MORN	✓					TV			CW, SB PL
	DAY		✓							
	EVE				✓					
10/30	MORN	✓					PL			PL SB
	DAY		✓							
	EVE				✓		RTS			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

D. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/17	MORN	✓					BPA			
	DAY						BPA			
	EVE			✓			BPA			
10/18	MORN	✓					BPA			
	DAY		✓			Y	RC			
	EVE			✓			RC			
10/19	MORN	✓					RC			
	DAY		✓				IM			
	EVE			✓			IM			
10/20	MORN	✓					IM			
	DAY		✓				TV			
	EVE			✓			TV			
10/21	MORN	Y					CL			
	DAY	Y					CL			
	EVE	Y					CL			
10/22	MORN	✓					RC			
	DAY		✓							
	EVE			✓						
10/23	MORN	✓					RC			
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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J.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/10	MORN	✓					N			7B
	DAY									
	EVE				✓		N			
10/11	MORN						N			RB
	DAY									RS
	EVE				✓					
10/12	MORN	✓								RS
	DAY		Y			N				NA
	EVE			Y						
10/13	MORN	✓					RS			TL
	DAY		✓				RC			7B
	EVE			✓			RC			LL
10/14	MORN	✓				Y				
	DAY		✓							
	EVE			✓						
10/15	MORN	✓								
	DAY									
	EVE									
10/16	MORN	✓					CH			CA
	DAY	✓								LL
	EVE	✓					UM			LL

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/3	MORN	✓					BA		REF MEDS	CA
	DAY			✓	✓		go			CA
	EVE						EN		ref meds	CA
10/5	MORN	✓					BS			JS
	DAY		✓				TV			JB
	EVE			✓	✓		TV			CF
10/6	MORN	Y	Y				PC			CL
	DAY		Y				PC			CL
	EVE			Y			PC			CL
10/7	MORN	Y					BA			SE
	DAY		Y				PC			JB
	EVE			Y			PC			JB
10/8	MORN	✓					BA			SE
	DAY		Y				PC			JB
	EVE			Y			PC			JB
10/9	MORN	✓					IM			SE
	DAY		✓				PC			JB
	EVE			✓			PC			JB

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
26	MORN	Y					UM			TU
	DAY						PC			
	EVE									
27	MORN	✓					PC			JS
	DAY		✓				BS			SB
	EVE			✓	✓					
28	MORN	✓					BN			α
	DAY		✓				QJ			SB
	EVE			✓						
29	MORN	✓					QJ			SB
	DAY		✓				BS			SB
	EVE			✓	Y					
30	MORN	✓					BS			AS
	DAY		Y				UM			SB
	EVE			Y						
1	MORN	✓					BS			JS
	DAY		✓				QJ			SB
	EVE			✓	Y					
2	MORN	Y					QJ			SB
	DAY		✓				BS			SB
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~

VIOLATION

OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/19	MORN	✓					BS			SB
	DAY									
	EVE				✓ Y		BS			
9/20	MORN	✓					BN			HB JS JS
	DAY		✓				BS			
	EVE			✓						
9/21	MORN	✓					BS			JS
	DAY						UN			
	EVE									
9/22	MORN						BN			SB
	DAY		✓				JS			
	EVE			✓						
9/23	MORN	✓					JS			JS SB
	DAY		✓				JS			
	EVE			✓ Y			JS			
9/24	MORN	Y					UN			JS SB
	DAY		✓				TV			
	EVE			✓						
9/25	MORN	✓					TV			JS WP
	DAY		✓							
	EVE			✓ Y			UN			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~D-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26

VIOLATION

OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/12	MORN	✓					PC			SB
	DAY									
	EVE			✓			JD			
9/13	MORN	✓					P			SB TV
	DAY		✓							
	EVE			✓	Y		BB			
9/14	MORN	✓					PC			SB TV
	DAY		✓				B/A			
	EVE			✓						
9/15	MORN	✓					B/A			SF JB
	DAY		✓				CP			
	EVE			✓						
9/16	MORN	✓					PC			RB TM
	DAY		✓							
	EVE			✓			SKW			
9/17	MORN	✓					PC			RB SB
	DAY		✓			Y				
	EVE			✓			SKW			
9/18	MORN	✓					UM			CA SB
	DAY		✓							
	EVE			✓			BS			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



J.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9-5	MORN	Y					JS			TU
	DAY						BPA			SB
	EVE			✓						
9-6	MORN	✓					BPA			AB
	DAY						LB			AB
	EVE			✓						
9-7	MORN	✓					LB			STH
	DAY		✓				SP			JB
	EVE			✓						
9-8	MORN	✓	✓				RN			JS
	DAY						TV			SB
	EVE			✓						
9-9	MORN	Y					TV			TU
	DAY		✓				RN			SB
	EVE			✓						
9-10	MORN	Y	✓				JS			SB
	DAY						UN			
	EVE			✓						
9-11	MORN	✓	✓				UN			JS
	DAY						KEY			SB
	EVE			✓			KEY			SB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/29	MORN	✓					RC			JB
	DAY						dp			
	EVE			✓						
8/30	MORN	✓					RC			JB mm mm
	DAY		✓				BS			
	EVE			✓						
8/31	MORN	✓					BS			JB
	DAY		✓				dp			
	EVE			✓						
9/1	MORN	✓					RC			JB
	DAY		✓				dp			
	EVE			✓			dp			
9/2	MORN	✓					RC			JB
	DAY		✓							
	EVE			✓						
9/3	MORN	✓					RC			JB
	DAY		✓				SV			
	EVE			✓						
	MORN	✓					N			JB
	DAY		✓							
	EVE			✓			dp			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/22	MORN	✓					GA			JB
	DAY						GA			TU
	EVE			✓	Y		GA			
8-23	MORN	Y					GA			TU
	DAY		✓				UM			JB
	EVE			✓			UM			
8-24	MORN	✓					RS			JB
	DAY		✓				31			
	EVE			✓			31			
25	MORN	✓					RS			JS
	DAY		✓				Φ			SB
	EVE			✓			Φ			
26	MORN	Y					TV			PH
	DAY		✓							SB
	EVE			✓	Y					TU
8-27	MORN	Y					BLA			TU
	DAY		✓				PC			JB
	EVE			✓			PC			
8/28	MORN	✓					PC			CM
	DAY		Y				PC			AB
	EVE			Y			PC			

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/15	MORN	✓					PC			JB
	DAY									
	EVE			✓			TV			
8/16	MORN	✓				Y	TV			SB
	DAY		✓							
	EVE			✓	Y		SP			
8-17	MORN	Y				Y	P			TV SB
	DAY		✓							
	EVE			✓			B/A			
8-18	MORN	Y					B/A			TV JB
	DAY		✓							
	EVE			✓	4		PS			
8-19	MORN	Y				Y	PC			a JS
	DAY		Y				PS			
	EVE			Y						
8-20	MORN	✓				N	TV			Zw Zw
	DAY		Y							
	EVE			Y			PC			
8/21	MORN	✓					SP			ar SB
	DAY		✓							
	EVE			✓						

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W.C. HOLMAN

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## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/7	MORN									SP
	DAY									
	EVE									
8/8	MORN	✓								SB
	DAY									
	EVE			✓			RS			
9	MORN	✓					um			WR
	DAY		✓				RR			AMP
	EVE			✓						
10	MORN	✓					RC			RC
	DAY		✓				RC			SP
	EVE			✓						
11	MORN	✓					RC			SB
	DAY		✓				TV			
	EVE			✓						
12	MORN	✓					RC			RC
	DAY		✓				SP			SB
	EVE			✓						
13	MORN	✓					BPA			RC
	DAY		✓				RC			
	EVE			✓			RC			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/1	MORN	Y								
	DAY									
	EVE			Y						
8/2	MORN	Y								
	DAY		✓							AK
	EVE			✓						SB
8/3	MORN	✓								
	DAY		✓							SB
	EVE			✓						SB
8/4	MORN	✓								
	DAY		✓							TK
	EVE			✓						C
8/5	MORN	Y								
	DAY		Y							SB
	EVE			Y						SB
8/6	MORN	Y								
	DAY									CW
	EVE				Y					TU
8-7	MORN	Y								
	DAY		✓							TU
	EVE			✓						SB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

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## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/25	MORN	✓					h/h			CR
	DAY		✓				un			SB
	EVE			✓						
7/26	MORN	✓					un			NB
	DAY		✓				op			#
	EVE			✓						
27	MORN						RC			SB
	DAY		✓				es			
	EVE			✓	✓					
28	MORN	✓					RC			OF
	DAY	✓	✓				op			SB
	EVE			✓						
29	MORN	✓								PH
	DAY		✓				Yay			SB
	EVE			✓	✓					
30	MORN	✓								CR
	DAY						g			
	EVE									
31	MORN	✓					RC			SB
	DAY		✓							SB
	EVE			✓	✓		P			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/18	MORN	✓					PC			
	DAY						N			
	EVE			✓						
7/19	MORN	✓					N			
	DAY	✓					UM			SB
	EVE			✓						
7/20	MORN	✓					UM			KJ
	DAY	✓					BS			SB
	EVE			✓						
7/21	MORN				Y		BS			SPH
	DAY		✓							JB
	EVE			✓						
7/22	MORN	✓				Y	AC			SPH
	DAY						JD			
	EVE			✓						
7/23	MORN	✓				Y	PC			AK
	DAY		✓							SB
	EVE			✓						
7/24	MORN	✓								VO
	DAY		✓				PC			SB
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/11	MORN	✓		✓		0750/0920	BTA			[Signature]
	DAY						BTA			
	EVE									
7/12	MORN	✓					BTA			AR JB
	DAY		✓				lm			
	EVE			✓						
7/13	MORN	✓					lm			RB JB
	DAY		✓				sk			
	EVE			✓						
7/14	MORN						sk			[Signature]
	DAY		✓				lm			
	EVE			✓						
07/15	MORN	Y					lm			PA [Signature]
	DAY		✓				BTA			
	EVE			✓						
7/16	MORN	✓					BTA			CKD [Signature]
	DAY		✓				Q			
	EVE			✓						
7/17	MORN	✓					RC			[Signature] [Signature]
	DAY		Y				Q			
	EVE			Y						

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/4	MORN	Y					RC			
	DAY						N			
	EVE			Y						AB
7/5	MORN	✓				Y	N			SB
	DAY									
	EVE			✓	✓		OK			
	MORN	✓					B/A			CLJ
	DAY						un			
	EVE									
7/7	MORN	✓					RN			KJ
	DAY					X	op			AB
	EVE			✓						
7/8	MORN	✓					RJ			
	DAY			✓						
	EVE			✓		1230-1345	N			
7/9	MORN	✓					RC			RB
	DAY			✓						
	EVE			✓						SB
7/10	MORN	✓					GA			QR
	DAY			✓						
	EVE			✓			SK			SB

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/27	MORN	✓					BS			
	DAY						BA			
	EVE				✓✓					99
4/28	MORN	✓				W	BA			CS
	DAY		✓				BO			AB
	EVE			✓						AB
4/29	MORN						BO			
	DAY		Y				P			Jm
	EVE			Y						Jm
4/30	MORN	✓				Y	TV			
	DAY		✓							
	EVE			✓						AB
7/1	MORN	Y				Y	RC			DL
	DAY		✓				OK			SB
	EVE			✓	Y					
7/2	MORN	Y					W			OK
	DAY		✓							CA
	EVE			✓			RY			CA
7/3	MORN	9					RC			AK
	DAY		Y							BC
	EVE			✓			P			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/20	MORN						N			
	DAY	7				N	N			TP
	EVE		7				N			TP
6/21	MORN	Y					N			CH
	DAY						UN			
	EVE									
6/22	MORN	✓				Y	LM			SE
	DAY		✓				BO			GP
	EVE			✓						
6/23	MORN	✓					BA			SE
	DAY		Y				dp			M
	EVE			Y						
6/24	MORN	✓				Y	LM			
	DAY		✓				RS			JB
	EVE			✓						
6/25	MORN	Y				UPS	RC			CO
	DAY		✓				Kay			SB
	EVE			✓						
6/26	MORN	✓					RC			OW
	DAY		✓				RS			SB
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/13	MORN						BH			
	DAY	✓		✓			um			
	EVE									
6/14	MORN	✓					um			
	DAY		✓				dp			
	EVE			✓						
6/15	MORN						um			
	DAY		✓				Bo			
	EVE			✓						
6/16	MORN						✓			
	DAY		✓				um			
	EVE			✓						
6/17	MORN	✓					AW			
	DAY		✓				su			
	EVE			✓						
6/18	MORN	✓					RC			
	DAY		✓				BT			
	EVE			✓						
	MORN	✓					BT			
	DAY		✓			N	BT			
	EVE			✓			BT			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN						PC			
	DAY						KC			
	EVE									
6/7	MORN	Y				Y	P			AK
	DAY									PB
	EVE									
6/8	MORN	✓				Y	BN			CH
	DAY		✓				UN			JB
	EVE									
6/9	MORN	✓				N	UN			SF
	DAY						N			JB
	EVE									
6/10	MORN						N			
	DAY		✓				PS			JB
	EVE									
6/11	MORN	Y					AK			BJ
	DAY		✓				BST			JB
	EVE			✓						
6-12	MORN					Y				
	DAY					FS	JK			
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/30	MORN	4					BPA			WT
	DAY					N				
	EVE			4	Y		CH			
5/31	MORN	4				1155-105	CH			W
	DAY									
	EVE			4			dp			
6/1	MORN	4				825-950	RC			CW
	DAY		✓							
	EVE			✓			BS			
	MORN						BS			WT
	DAY		4			Y				
	EVE			4						
6/3	MORN	4					P			DK
	DAY		4							
	EVE			4	✓	Y	SK			
6/4	MORN	✓					IM			CB
	DAY		✓			N				
	EVE			✓			BS			
6/5	MORN	4					du			AK
	DAY		4							
	EVE			4			q			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~CELL: ~~6-26~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/23	MORN						RS			
	DAY		Y							
	EVE			Y						
5/24	MORN						TV			
	DAY					P	PC			
	EVE									
5/25	MORN	✓					PC			
	DAY									
	EVE						BD			
5/26	MORN	✓					RN			
	DAY					N	BS			
	EVE									
5/27	MORN						PC			
	DAY		Y			Y	TV			
	EVE									
5/28	MORN						TV			
	DAY									
	EVE						HW			
5/29	MORN						RC			
	DAY		Y			1245/200				
	EVE			Y			CH			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/16	MORN	✓					BIA			C
	DAY									
	EVE						BIA			
5/17	MORN	✓					BIA			C
	DAY		✓			1130				
	EVE			✓	✓	1245	PA			
5/18	MORN	✓								JLB
	DAY	✓	✓			1130pm	UM			
	EVE			✓	✓	115pm				
5/19	MORN	✓					UM			ES
	DAY		✓							
	EVE			✓			RC			
5/20	MORN	✓					RC			CL5
	DAY		✓			NO				
	EVE			✓	✓		RS			
5/21	MORN	✓					RS			CL5
	DAY		✓			11:00				
	EVE			✓	✓	11:20	CP			
5/22	MORN	✓					UM			JLB
	DAY		✓			9am				
	EVE			✓	✓	10115am	BN			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~

VIOLATION

OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/9	MORN	Y					BS			DW
	DAY						CL			DW
	EVE			Y						
5/10	MORN	Y					BS			JS
	DAY						UM			
	EVE									
5/11	MORN	Y					UM			
	DAY						N			
	EVE									
5/12	MORN	Y					PC			nm
	DAY		Y			NA	BO			JS
	EVE			Y						
5/13	MORN						BO			JS
	DAY		Y				OP			JS
	EVE									
5/14	MORN	Y					PC			JS
	DAY						N			
	EVE			Y						
5/15	MORN	Y					AD			BL
	DAY									
	EVE						RA			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/2	MORN	y					EN			mm
	DAY	y								
	EVE			y	y		P			mm TV
5-3	MORN	y					EN			TV
	DAY		y							
	EVE			y			P			ll
5/4	MORN	y					UN			JS
	DAY	y	y			NO				DRW
	EVE			y			TV			
	MORN	y					TV			JS
	DAY	y								<del>mm</del>
	EVE						P			
5/6	MORN						BS			
	DAY									AB SF
	EVE						P			
5/7	MORN					N	SW			SF
	DAY		y				UN			OS
	EVE			y			UN			
5/8	MORN	y					UN			JS
	DAY		y							<del>mm</del>
	EVE			y			BS			

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/25	MORN	Y					N			AD
	DAY									
	EVE						P			
4/26	MORN									
	DAY									
	EVE				Y		BPA			CA AL
4/27	MORN	Y				N	BPA			AL
	DAY									
	EVE						N			WAF
4/28	MORN	Y					N			KJ
	DAY									
	EVE				Y		Bo			SE
4/29	MORN	Y				12:35-1:50	BO			CE
	DAY		Y							
	EVE			Y			P			AD
4/30	MORN						BS			
	DAY									
	EVE		Y	Y						MM MM
5/1	MORN	✓					BS			SF
	DAY									
	EVE			Y			LM			KS

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~

VIOLATION

OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/18	MORN	Y					B/A			J/P
	DAY									
	EVE			Y	Y		B/A			
4/19	MORN	Y					B/A			J/P
	DAY		Y							
	EVE			Y		N	B			
4/20	MORN	Y				N	PD			AS
	DAY		Y							
	EVE			Y			BD			
4/21	MORN						PD			J/P
	DAY		Y							
	EVE			Y			B/A			
4-22	MORN						BS			AS
	DAY		Y			N				
	EVE			Y	Y		B/A			
4/23	MORN	Y					NB			CB
	DAY		Y							
	EVE			Y			N			
4/24	MORN	Y					N			J/P
	DAY									
	EVE			Y			PC			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/11/10	MORN						BS			
	DAY						N			
	EVE									
	MORN	Y					N			
	DAY				Y		BS			TV
	EVE									
4/13	MORN	Y					BS			TV
	DAY		Y			NO				CA
	EVE			Y			B/A			CA
4/14	MORN	Y				NO				DC
	DAY		Y							C.P.
	EVE			Y			OP			
4/15	MORN	Y				NO				CA
	DAY						SH			OS
	EVE									
4/16	MORN	Y					BS			
	DAY				Y		B/A			CA
	EVE									
4/17	MORN	Y					B/A			CA
	DAY		Y							
	EVE			Y			B/A			QQ

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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 626VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4-4-10	MORN	✓								ZW
	DAY									
	EVE			✓	✓					ZW
4-5-10	MORN	✓								HB
	DAY	✓				1245-150				H. Bailey
	EVE			✓						
4/6	MORN									
	DAY									
	EVE			✓	✓					
4/7	MORN	✓								
	DAY		✓							ZW
	EVE			✓						ZW
4/8	MORN	✓					JB			RS
	DAY		✓				N			JB
	EVE			✓			N			JB
4/9	MORN	✓					N		VISIT 835-1110A	MR
	DAY		✓							MM
	EVE			✓						
4/10	MORN	✓					JB			GP
	DAY		✓							GP
	EVE			✓						GP

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/28	MORN	✓								
	DAY									
	EVE			✓						TM
3/29	MORN	Y								
	DAY		Y			12:35-2P				
	EVE			Y	Y					CLW GPD DC
3/30	MORN	Y								
	DAY		Y							
	EVE			Y						DL LW LW
	MORN					3-3-10				
	DAY		Y			Refused				
	EVE			Y						DS
4/1	MORN									
	DAY		Y							
	EVE			Y		2:20-3:00				MB
4/2	MORN	Y								
	DAY									
	EVE									CLW G
4/3	MORN	✓								
	DAY									
	EVE									GD

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	Y								
	DAY									
	EVE			Y	✓					
	MORN	R								
	DAY		Y			✓				
	EVE			Y						
3/23	MORN	Y								
	DAY		Y							
	EVE			Y						
	MORN									
	DAY		Y							
	EVE			Y	Y					
3/25	MORN	Y								
	DAY									
	EVE									
3/26	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3-14	MORN	✓								CAE
	DAY									
	EVE			✓						
3-15	MORN	✓								C.W.
	DAY		✓			✓				
	EVE			✓	✓					
	MORN	✓								B
	DAY		✓	✓						
	EVE									
3-17	MORN	✓								DL
	DAY		✓							
	EVE			✓		✓				
3-18	MORN	✓								RL
	DAY									
	EVE									
3-19	MORN									TV
	DAY				✓					
	EVE									
3-20	MORN	✓								TV
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3-7	MORN	✓		✓						
	DAY									
	EVE									
3/8	MORN	4								
	DAY									
	EVE									
3-9	MORN	4								
	DAY		4							
	EVE			4	4					
3-10	MORN	4								
	DAY		✓	✓						
	EVE									
3-11	MORN	✓								
	DAY									
	EVE			✓	4					
3/12	MORN	4								
	DAY									
	EVE									
3-13	MORN	4								
	DAY		4							
	EVE			4	4					

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
28	MORN									
	DAY									
	EVE									
1	MORN	y								<i>mm</i>
	DAY		y							<i>mm</i>
	EVE			y	y					<i>mm</i>
3/2	MORN	y								<i>mm</i>
	DAY		y							<i>mm</i>
	EVE			y	y					<i>mm</i>
3/3	MORN	y								<i>mm</i>
	DAY									
	EVE									
4	MORN	y								<i>mm</i>
	DAY		y							<i>mm</i>
	EVE			y						<i>mm</i>
3/5	MORN	y								<i>mm</i>
	DAY		y							<i>mm</i>
	EVE			y	y					<i>mm</i>
6	MORN	y								<i>mm</i>
	DAY		y							<i>mm</i>
	EVE			y						<i>mm</i>

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	✓			Y					
	DAY									
	EVE									
	MORN									
	DAY		Y							
	EVE			Y						
2/23	MORN	✓								
	DAY		Y		8:40-9:40					
	EVE			Y						
2/24	MORN	✓								
	DAY		Y							
	EVE			Y						
25	MORN									
	DAY		Y		Y					
	EVE			Y						
2/26	MORN	✓								
	DAY									
	EVE									
27	MORN	Y								
	DAY		✓							
	EVE			Y						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/14	MORN	/								T M
	DAY	/								
	EVE			/						
2/15	MORN	/								CW
	DAY									
	EVE			/						
16	MORN					/				CG
	DAY		/							
	EVE									
17	MORN				/					STH
	DAY		/							
	EVE			/						
18	MORN	/								STH
	DAY		/							
	EVE			/						
19	MORN	/								CG
	DAY	/	/							
	EVE									
	MORN	/								CA
	DAY									
	EVE									

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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/1	MORN	Y								P K
	DAY									
	EVE			Y	Y					
2/8	MORN	Y								K
	DAY									
	EVE									
2/9	MORN	Y								CW JF
	DAY		Y							
	EVE			Y	Y					
2/10	MORN	✓								JS Zw Zw
	DAY		Y			12:45/1:30 OUT				
	EVE			Y						
2/11	MORN	Y								JS CB
	DAY					Y	Y			
	EVE									
2/12	MORN	Y								DL Zw Zw
	DAY		Y							
	EVE			Y						
2/13	MORN	Y								CW 
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
2/1	MORN	y								W3B
	DAY									RB
	EVE									
2/2	MORN									CC
	DAY									
	EVE									
2/3	MORN	y								VD
	DAY		y							W3B
	EVE			y						W3B
	MORN	y								W3B
	DAY		y							In
	EVE			y						In
2/5	MORN									RG
	DAY									RL
	EVE				y					
2/6	MORN	y								RL
	DAY		y							RL
	EVE			y						RL

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1-24	MORN	Y								G. DO
	DAY									
	EVE			Y	1					
1-25	MORN									Z Z
	DAY		Y							
	EVE			Y						
1-26	MORN	Y								CL HS Rag
	DAY		Y							
	EVE			Y	Y					
1-27	MORN									CB
	DAY									
	EVE									
1-28	MORN	Y								FV G
	DAY									
	EVE									
1-29	MORN	Y								BS T
	DAY		Y							
	EVE			Y						
1-30	MORN	Y								TB FM
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1-24	MORN	Y								G. 26
	DAY									
	EVE			Y	1					
1-25	MORN									7m 7m
	DAY		Y							
	EVE			Y						
1-26	MORN	Y								CL HS rag CB
	DAY		Y							
	EVE			Y	Y					
1-27	MORN									CB
	DAY									
	EVE									
1-28	MORN	Y								7m 7m
	DAY									
	EVE									
1-29	MORN	Y								7m 7m
	DAY									
	EVE			Y	Y					
1-30	MORN	Y								7m 7m
	DAY									
	EVE			Y	Y					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
17	MORN									
	DAY									
	EVE									
18	MORN									
	DAY									
	EVE									
19	MORN									
	DAY									
	EVE									
20	MORN									
	DAY									
	EVE									
21	MORN									
	DAY									
	EVE									
22	MORN									
	DAY									
	EVE									
23	MORN									
	DAY									
	EVE									
24	MORN									
	DAY									
	EVE									
25	MORN									
	DAY									
	EVE									
26	MORN									
	DAY									
	EVE									
27	MORN									
	DAY									
	EVE									

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Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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D. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	✓								
	DAY									
	EVE			Y	Y					
	MORN	✓								
	DAY		✓							
	EVE			Y						
4/12	MORN	✓								
	DAY		Y							
	EVE			Y						
	MORN									
	DAY		✓							
	EVE			Y						
1/14	MORN	✓								
	DAY		Y							
	EVE			Y						
1/13	MORN	✓								
	DAY		Y							
	EVE			Y						
1/16	MORN	✓								
	DAY		✓							
	EVE			✓						

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1-4-10	MORN	✓								R B W
	DAY		✓							Wf
	EVE			✓	✓					
	MORN	✓								PH
	DAY		✓							P
	EVE			✓						
	MORN	✓								RD
	DAY		✓							DS
	EVE			✓						
	MORN	✓								R B W
	DAY		✓							DS
	EVE			✓						
4/8	MORN	✓								SB
	DAY									
	EVE									
1/9	MORN	✓								OW
	DAY		✓							P
	EVE			✓						
	MORN									
	DAY									
	EVE									

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Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

R-20

G-26

12-18

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/18	MORN	✓								JB
	DAY									
	EVE		✓							
12/19	MORN	✓								JB
	DAY		✓							
	EVE			✓						
12/20	MORN	✓								JB
	DAY		✓							
	EVE			✓						
12/21	MORN	✓								JB
	DAY		✓							
	EVE			✓						
12/22	MORN	✓								JB
	DAY		✓							
	EVE			✓						
12/23	MORN	✓								JB
	DAY									
	EVE			✓						
12/24	MORN	✓								JB
	DAY									
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000350

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-24VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/4	MORN	✓								AB
	DAY									
	EVE			✓						
12/5	MORN									CB
	DAY	✓								
	EVE			✓						
12/6	MORN	✓								CA
	DAY			✓						
	EVE			✓						
12/2	MORN	✓								BB
	DAY			✓						
	EVE			✓						
12/3	MORN	✓								IL 114
	DAY		Y	Y	N					
	EVE									
12/9	MORN									CB
	DAY	✓								
	EVE			✓						
10	MORN	✓								AS
	DAY			✓						
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

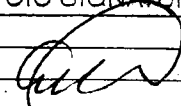
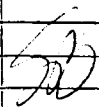
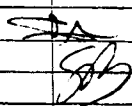
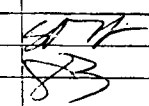
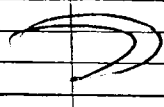
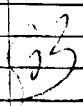
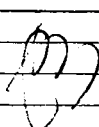
Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

Maples - DOC

000351

W.C. HOLMAN  
(INSTITUTION)  
**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10	MORN	✓								
	DAY									
	EVE									
11/21	MORN									
	DAY		✓							
	EVE			✓						
11/22	MORN	✓								
	DAY		✓							
	EVE			✓						
	MORN	✓								
	DAY		✓							
	EVE									
11/24	MORN	✓								
	DAY									
	EVE			✓						
	MORN	✓								
	DAY									
	EVE			✓						
	MORN	✓								CA 
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 624VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6	MORN	✓								JB
	DAY									
	EVE			✓						
7	MORN	✓								km JB
	DAY		✓							
	EVE		✓	✓						
8	MORN	✓								AK JB
	DAY		✓							
	EVE		✓	✓						
9	MORN	✓								AB
	DAY		✓							
	EVE		✓	✓						
10	MORN	✓								RB JB
	DAY		✓							
	EVE		✓	✓						
11	MORN	✓								JB
	DAY									
	EVE			✓	✓					
12	MORN	✓								CWS JB
	DAY		✓			Y				
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/23	MORN	✓								JB
	DAY									
	EVE			✓						
10/24	MORN									JB
	DAY			✓						
	EVE			✓						
10/25	MORN	✓								JB
	DAY									
	EVE									
10/26	MORN									JB
	DAY									
	EVE									
10/27	MORN									JB
	DAY									
	EVE									
10/28	MORN	✓								JB
	DAY									
	EVE									
10/29	MORN	✓								JB
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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OIC Signature: OIC must sign all record sheets each shift.

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/9	MORN	✓								JB
	DAY									
	EVE									
10/10	MORN	✓								EW
	DAY									
	EVE									
10/11	MORN	✓								DB
	DAY									
	EVE									
10/12	MORN	✓								CA
	DAY									
	EVE									
10/13	MORN	✓								CW
	DAY									
	EVE									
10/14	MORN	✓								CE
	DAY									
	EVE									
10/15	MORN	✓								JB
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

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~~6-26~~  
~~12-8~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
25	MORN	✓								OK
	DAY									
	EVE			✓						OK
26	MORN	✓								RB
	DAY	✓								
	EVE			✓						DB
27	MORN	✓					yes			OK
	DAY		✓							OK
	EVE			✓						OK
28	MORN	✓								OK
	DAY		✓							OK
	EVE			✓						OK
29	MORN									
	DAY		✓							
	EVE			✓						OK
30	MORN	✓								RB
	DAY		✓							OK
	EVE			✓						OK
1	MORN	✓								OK
	DAY		✓							OK
	EVE			✓						OK

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000356

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-24VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/11	MORN	✓								710
	DAY									
	EVE			✓						
12	MORN	✓								710
	DAY		✓							
	EVE			✓						
9/13	MORN	Y								710
	DAY		✓							
	EVE			✓						
14	MORN	✓								710
	DAY				Y					
	EVE									
15	MORN	✓								710
	DAY		✓							
	EVE			✓						
9/16	MORN	✓				Y	Y		Sick call	SM
	DAY		✓							
	EVE			✓						
	MORN									710
	DAY	X								
	EVE		X							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
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W.C. HOLMAN  
(INSTITUTION)  
**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/28	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE			✓						
8/29	MORN	✓								Km <i>[Signature]</i>
	DAY		✓							
	EVE			✓						
8/30	MORN	✓								AK <i>[Signature]</i>
	DAY		✓							
	EVE			✓						
31	MORN	✓								CR <i>[Signature]</i>
	DAY		✓							
	EVE			✓						
9/1	MORN	✓								Km <i>[Signature]</i>
	DAY		✓							
	EVE			✓						
9/2	MORN	✓					yes			sm <i>[Signature]</i>
	DAY		✓							
	EVE			✓						
9/3	MORN	✓								CA <i>[Signature]</i>
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000358

W. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P-20

~~6-26~~~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/14	MORN	✓								DL
	DAY									
	EVE			✓						DL
8/15	MORN	✓								RB
	DAY		✓							SB
	EVE									
8/16	MORN	✓				Y				CA
	DAY		✓							CL
	EVE			✓						SB
8/17	MORN	✓								CA
	DAY		✓							SB
	EVE			✓						
8/18	MORN	✓								KL
	DAY		✓							OF
	EVE									
8/19	MORN	✓					Y			KL
	DAY		✓							SB
	EVE			✓						
8/20	MORN	Y								SB
	DAY		✓							SB
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME

RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT

INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/31	MORN	✓								✓
	DAY									
	EVE			✓						✓
8/1	MORN	✓								RB
	DAY		✓							✓
	EVE			✓	✓					✓
8/2	MORN	✓								CH
	DAY		✓							✓
	EVE			✓						✓
8/3	MORN	✓								✓
	DAY	✓								✓
	EVE			✓						✓
8/4	MORN	✓								✓
	DAY									✓
	EVE									✓
8/5	MORN	✓								✓
	DAY									✓
	EVE			✓						✓
8/6	MORN	✓								CH
	DAY	✓								✓
	EVE			✓						✓

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
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